

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL

FORM NOV 23 2007

(to be used for all correspondence after initial filing)



Application Number	10/551,489
Filing Date	with an effective filing date of April 1, 2004
First Named Inventor	Robert BANN and Neil SYKES
Group Art Unit	1725
Examiner Name	Geoffrey S. EVANS
Total No. of Pages in this Submission: 10	Attorney Docket Number ROCKCO P70AUS

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form ..... [2] <input checked="" type="checkbox"/> Fee attached - Check \$525 <input checked="" type="checkbox"/> Response ..... [5] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request .... [2] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

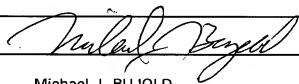
Firm or Individual Name	Michael J. BUJOLD DAVIS BUJOLD & DANIELS P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	November 19, 2007	

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on November 19, 2007

Signature		Date: November 19, 2007 (Lfb)
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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 1103)		Complete if Known		
<b>FEE TRANSMITTAL</b> <b>For FY 2006</b>		Application No. _____ Filing Date _____ First Named Inventor _____ Examiner Name _____ Art Unit _____		
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		10/551,489 with an effective filing date of April 1, 2004 Robert BANN and Neil SYKES Geoffrey S. EVANS 1725		
TOTAL AMOUNT OF PAYMENT: \$525		Attorney Docket No. _____ ROCKCO P70AUS		
METHOD OF PAYMENT (check all that apply)				
<input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____				
<input checked="" type="checkbox"/> Deposit Account      Deposit Account Number <u>04-0213</u> Deposit Account Name: <u>DAVIS BUJOLD &amp; DANIELS, P.L.L.C</u>				
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)				
<input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments				
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.				
FEE CALCULATION				
1. BASIC FILING, SEARCH, AND EXAMINATION FEES				
Application Type	FILING FEES Fee (\$)      Small Entity Fee (\$)	SEARCH FEES Fee (\$)      Small Entity Fee (\$)	EXAMINATION FEES Fee (\$)      Small Entity Fee (4)	Fees Paid (\$)
Utility	300      150	500      250	200      100	_____
Design	200      100	100      50	130      65	_____
Plant	200      100	300      150	160      80	_____
Reissue	300      150	500      250	600      300	_____
Provisional	200      100	0      0	0      0	_____
2. EXCESS CLAIM FEES				Small Entity Fee (\$)
Fee Description Each claim over 20 (including Reissues)				50      25
Each independent claim over 3 (including Reissues)				200      100
Multiple dependent claims				360      180
Total Claims      -20 or HP =		Extra Claims      Fee (\$)      Fee Paid (\$)		Multiple Dependent Claims Fee (\$)      Fee Paid (\$)
Indep. Claims      -3 or HP +		Extra Claims      Fee (\$)      Fee Paid (\$)		_____
HP = highest number of independent claims paid for, if greater than 3.				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).				
Total Sheets      -100 =		Extra Sheets      No. of each additional 50 or fraction thereof      Fee (\$)      Fee Paid (\$)		_____
_____ / 50 =		(round up to a whole number) x		_____
4. OTHER FEE(S) 3 Month Extension of Term (SMALL) ..... \$525				
SUBMITTED BY				
Signature 		Telephone (603) 226-7490		_____
Name (Print/Type) Michael J. BUJOLD		Registration No. (Atty/Agent) 32,018		Date: November 19, 2007